

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 2-7-01 and 2-21-01.
- b. The request was received on 2-4-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Letter responding to Request for Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 6-26-02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 7-2-02. The 14 day response from the insurance carrier was received in the Division on 7-29-02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request and the Carrier's initial response.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 2-4-02:
 "On 01-07-01 and 2-21-01, Dr. provided professional anesthesia services to claimant,for a Cervical Epidural Steroid Injection. Our charges were filed using CPT code 00600. We were denied for our services stating 'CODE N – BASE UNITS OF THE CPT CODE BILLED DOES NOT MEET THE CRITERIA FOR THE SERVICE RENDERED'."
2. Respondent: No position statement noted in initial response. Fourteen day response was untimely.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 2-7-01 and 2-21-01.
2. The Carrier denied the disputed services as reflected on the EOB as "N – BASE UNITS OF THE CPT CODE BILLED DOES NOT MEET THE CRITERIA FOR THE SERVICE RENDERED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
2-7-01	00600	\$975.00	\$-0-	N	\$40.00 per unit	MFG; General Instructions (I) (B); Descriptor	The Carrier has denied the charges in dispute as "N".
2-21-01	00600	\$975.00	\$-0-	N			In review of the anesthesia report, the provider indicated that MAC anesthesia was utilized. However, the documentation on the anesthesia report shows that IV sedation was used and not general anesthesia. The airway utilized was "Nasal cannula". Therefore, no additional reimbursement is recommended.
Totals		\$975.00					The Requestor is not entitled to reimbursement .

The above Findings and Decision are hereby issued this 12th day of September 2002.

Lesia Lenart, RN.
 Medical Dispute Resolution Officer
 Medical Review Division

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